

## VARIOUS FORMS FOR VETERINARY OFFICERS

**Form No 1**  
**Government of Assam**  
**Animal Husbandry and Veterinary Department, Assam**

..... District

### FORM FOR WOUND CERTIFICATE

No. .... dated.:..... Time of examination .....

This is to certify that at the request of Sri.....  
..... I have this day the ..... examined  
..... having the following identification marks ..... Aged  
about ..... belonging to Sri.....  
S/o ..... Resident of .....

The said animal has got the following injuries on its body :

1. ....
2. ....
3. ....

The age of injury (time gap from occurrence of injury to time of examination) is .....  
..... At the time of examination

In my opinion the injury is caused by sharp object/ blunt object/ piercing/ electrocution/  
..... (write if any other) (strike out the non relevant ones)

I am of the opinion that .....

Date of issue.....

Place of issue .....

Signature.....

Name and designation.....

IVPR Registration number .....

Official Seal

**Form No 1**

**Government of Assam**

**Animal Husbandry and Veterinary Department, Assam**

..... Quarantine Camp..... District

Form of quarantine Certificate for release of animal from quarantine camp Under section 14 (4) of the prevention and control of Infectious and Contagious Diseases in Animals Act,2009 (27 of 2009)

Certificate No.:.....

Valid from :..... To :.....

This is to certify that the animal of the following description has been kept under observation in the ..... Quarantine camp under ..... district for..... Days from ..... to.....

**Description of the animals/ birds**

No of animals/ birds.....

Species.....

Identification details if any.....

Name of the owner/ transporter/ dealer.....

Address .....

Phone number.....

Origin of the animals/ birds.....

No of animals transported from the source.....

No of animals/ birds died during transit.....

Method of disposal of dead carcass during transit.....

No of animals kept in quarantine.....

No of animals released from quarantine.....

Destination of the animals/ birds.....

Purpose of transit.....

Type of vehicle used for transport.....

Vehicle Registration No.....

Certified that the animals/ birds were apparently healthy at the time of release and are vaccinated against the common prevailing diseases of Assam. The animals are tested and are found to be free from any disease conditions that are not prevalent in Assam.

Date of issue.....

Place of issue .....

Signature.....

Name and designation.....

IVPR Registration number .....

Official Seal

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**Form No 2**

**Government of Assam**

**Animal Husbandry and Veterinary Department, Assam**

..... **District**

**VACCINATION CERTIFICATE FOR ANIMALS OTHER THAN POULTRY**

Under section 14 (4) of the prevention and control of  
Infectious and Contagious Diseases in Animals Act,2009 (27 of 2009)

Certificate No.:.....

Valid from :.....To :.....

This is to certify that the animals of the following description has been Vaccinated against (Name of the vaccine/ disease.....) on (date of vaccination .....)  
as detailed below:

**Description of the animal**

Species ..... Sex ..... Age (Years) .....

Identification details (Tag no or other form of identification).....

Name of the owner.....

Address of the owner.....

Owner's contact Phone number.....

**Details of Vaccination**

Name of the vaccine..... Vaccine batch No. ....

Vaccine production date..... Vaccine expiry date.....



Type of vaccine (Live attenuated/ inactivated/ adjuvant).....  
 Name of the manufacturer..... Vaccinated by (Agency name).....  
 Vaccinated by (Name of the vaccinator).....

Date of Issue..... Signature.....  
 Place of Issue..... Name and designation.....  
 .....  
 IVPR Registration number .....  
 Official Seal

**Form No 3**  
**Government of Assam**  
**Animal Husbandry and Veterinary Department, Assam**  
 ..... **District**

**VACCINATION CERTIFICATE FOR POULTRY**

Under section 14 (4) of the prevention and control of  
 Infectious and Contagious Diseases in Animals Act,2009 (27) of 2009

Certificate No.:.....

Valid from :.....To :.....

This is to certify that the poultry of the following description has been Vaccinated against (Name of the vaccine/ disease.....) on (date of vaccination .....)  
 as detailed below:

**Details of vaccinated Poultry**

Poultry species .....	Poultry Type.....
<i>(Chicken, duck, quail etc.)</i>	<i>(Day old, Breeder, Layer, Broiler)</i>
No. of birds vaccinated.....	Marking details .....
<i>(Number immunized)</i>	<i>(Wing paint, leg band)</i>
Name of the owner .....	
<i>(full name of the owner of the animal)</i>	
Address of the owner .....	
<i>(full address of the animal owner)</i>	

Owner's contact Phone number.....  
 Commercial poultry Establishment (Yes/no)..... Backyard Poultry (Yes No).....

**Details of vaccination**

Name of the vaccine..... Vaccine batch No. ....  
 Vaccine production date..... Vaccine expiry date.....  
 Type of vaccine (Live attenuated/ inactivated/ adjuvant).....  
 Name of the manufacturer.....  
 Vaccinated by (Agency name).....  
 Vaccinated by (Name of the vaccinator).....

Date of Issue..... Signature.....  
 Place of Issue..... Name and designation.....  
 .....  
 IVPR Registration number .....  
 Official Seal

**Form No-4**

**Government of Assam**

**Animal Husbandry and Veterinary Department, Assam**

..... **District**

**POST MORTEM EXAMINATION REPORT OTHER THAN POULTRY**

Under section 14 (4) of the prevention and control of  
 Infectious and Contagious Diseases in Animals Act,2009 (27) of 2009

PM report No. .... PM conducted at (location).....  
 PM date..... PM time.....  
 Ref. by ..... Ref date.....

**Animal details**

Species..... Breed..... Sex..... Age (years).....  
 Identification No./Mark..... Any other identification.....

Colour.....

History of illness and treatment :

Date of death..... Time of death.....

### Animal owner details

Referred by:

Name.....

Address.....

Contact number.....

### External examination

Rigor mortis (present/ absent/ stage) .....

State of External orifices and discharges.....

### Condition of the carcass

Hair coat..... Visible Mucous membrane .....

Udder/ Prepuce..... Wound/tumor (location and dimension).....

Bones and Joints.....Other observation.....

### Internal examination

#### Thoracic Cavity

Ribs..... Cartilage.....

Pleura..... Diaphragm.....

Larynx..... Trachea.....

Lungs..... Bronchi.....

Lymph nodes..... Pericardium.....

Endocardium..... Myocardium.....

Aorta..... Auricles.....

Ventricle..... Oesophagus.....

Other observations.....

## Abdominal cavity

Peritoneum..... Lymph nodes.....

Fluid (colour quantity and consistency).....

Rumen/Stomach/Reticulum/ Omasum/ Abomasum.....

Small intestine.....

Large intestine.....

Mesentery ..... Portal veins.....

Liver.....

Gallbladder..... Pancreas.....

Kidney & Adrenals.....

Ureters..... Urinary Bladder.....

Spleen.....

Other observations.....

Other observations.....

## Pelvic cavity

Testicle.....Epididymis.....

Spermatic cord..... Scrotum.....

Prostrate..... Penis.....

Vulva.....Cervix.....

Vagina..... Ovary.....

Uterus.....

## Head and Neck

Scalp..... Skull bones.....

Meninges.....Brain.....

Spinal cord..... Cervical vertebra.....

Thyroids/Parathyroids.....

Other observations.....

### Specimen collection details

Specimen type.....

Specimen identification Number(s).....

Preservatives used.....

Tests required.....

Laboratory name and address.....

Special observation or abnormalities.....

Opinion as to the probable cause of death.....

PM report issue reference No. ....

Date of Issue.....

Signature.....

Place of Issue.....

Name and designation.....

IVPR Registration number .....

Official Seal

**Government of Assam**

**Animal Husbandry and Veterinary Department, Assam**

..... **District**

**POST MORTEM EXAMINATION REPORT FOR POULTRY**

Under section 14 (4) of the prevention and control of  
Infectious and Contagious Diseases in Animals Act,2009 (27 of 2009)

PM report No. ....

PM conducted at (location).....

PM date.....

PM time.....

Ref. by .....

Ref date.....

Date of Death.....

Time of death.....



## 1. Details of poultry

Species..... Breed..... Age..... Sex.....

Total flock number..... No of poultry died.....

Number of dead birds on which PM was conducted.....

Identification mark/number if any.....

History of illness and treatment.....

.....

## 2. Owner details

Referred by :

Name of the owner.....

Address of the owner.....

Owner's contact Phone number.....

## 3. Nutritional details

### 4. Post Mortem details

(a) External appearance.....

(b) Subcutaneous tissue and musculature.....

(c) General observations after opening the carcass.....

.....

(d) Respiratory system.....

(e) Cardiovascular system.....

(f) Digestive system.....

(g) Urinary system.....

(h) Genital system.....

(i) Immune system.....

(j) Nervous system.....

(k) Miscellaneous observations.....

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5. Opinion as to the probable cause of death.....

.....

## 6. Specimen collection details

Specimen type with numbers.....

Tests required.....

Laboratory name and address.....

.....

PM report issue reference No. ....

Date of Issue.....

Signature.....

Place of Issue.....

Name and designation.....

.....

IVPR Registration number .....

Official Seal

An office copy of the certificate issued shall be kept in the general file.

1. Veterinary Officers in charge of a veterinary Institution maintained by Govt. or Department, Veterinary Officer holding charge of private Institution and other Veterinary Officer of the Department are not allowed to charge any fees for post-mortem or other examination performed or certificate granted under this rule. For the journey in this connection, the Veterinary Officer including those lent to private bodies may draw the usual travelling allowances as admissible under the travelling allowance Rule.
2. Officers of the Animal husbandry Department will communicate to the Dist. Magistrate having immediate jurisdiction, in formulation regarding any cases which come to their notice in which they have reasons to suspect criminal poisoning.
3. When suspected case of poisoning come up to the Veterinary officer concerned, should immediately address to the magistrate or in charge of a police station not below the rank of Deputy Superintendent of police for a requisition for the examination of the articles. The Veterinary officers are not entitled to give any opinion in the matter as result of the post mortem examination which they may conduct until on receipt of the requisition. The materials are sent to the D.I.O for chemical examination and his certificate obtained. If the suspected articles are liable to decomposition, the Veterinary officer is authorized to forward them to Animal health centre / Forensic Laboratory for chemical examination in anticipation of the order of a Magistrate or a police officer and that communicating the fact of dispatch to the magistrate / superintendent / Assistant. Superintendent / deputy superintendent of police and that officer should there upon send by the next post. The required order No. option is given by the rules to a Magistrate or police officer to refuse the grant of requisition such cases.

## Format of Other Certificates

### 1. Health Certificate for animals to be exported out of the country or state.

I ..... A duly qualified Veterinary Surgeon serving the Central/ State Govt./ University/ Engaged in Veterinary practice here by certified that the animal(s) belonging to Sri ..... S/O ..... Have been examined by me on this day of ..... and I am satisfied that the animal(s) do not show any evidence of any infectious or contagious diseases at the time of my examination.

Description of the animal(s) :

1. clinical Examination :
2. Has passed tuberculin test with bovine & avian tuberculosis on (date) .....
3. Has passed complement fixation test for John's disease with negative results.
4. Has passed blood test for brucellosis on (date) .....
5. Has been vaccinated against foot-and-mouth disease on (date).....with polyvalent vaccine obtained from.....
6. Has / has not been found pregnant on my examination on (date).....

Date of Issue.....

Signature.....

Place of Issue.....

Name and designation.....

IVPR Registration number .....

Official Seal

### 2. Certificate of Identification .

This is to certify that I have this day ..... examined the animal described at the request of Sri ..... S/O ..... R/O ..... said to be the property of Sri ..... R/O .....for the purpose of identification .

Details of the examined animal :

Breed :.....Colour:.....

Age : ..... (date of birth of the animal, if available)

Sex: .....Height:.....

Identification Mark (natural):.....

-do- (brand marks acquired) .....

Date of Issue.....

Signature.....

Place of Issue.....

Name and designation.....

IVPR Registration number .....

Official Seal

### 3. Certificate of Soundness.

This is to certify that, I have this day ..... examined the animal whose particulars are given below for soundness at the request of Sri ..... S/O ..... (said to be the owner of this animal) R/O .....

Details of the examined animal :

Breed : ..... Colour:.....

Age : ..... (date of birth of the animal, if available)

Sex: ..... Height:.....

Identification Mark (natural):.....

-do- (brand marks acquired) .....

Date of Issue.....

Signature.....

Place of Issue.....

Name and designation.....

IVPR Registration number .....

Official Seal

### 4. Request for Euthanasia.

Owners' Name:..... S/O.....

..... R/O .....

Description of the animal ..... Breed .....

Age ..... Sex ..... Colour & marking .....

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent of the owner) of the animal described above that I do hereby give to Veterinary surgeon / his representative ..... a complete authority to put to sleep the said animal in whatever manner the said Veterinary surgeon / his representative feel deem fit and I do hereby undertake to put the animal

to sleep at my sole risk and by these presents for ever absolve the said veterinary practitioner / his representative from any and all liabilities for so putting to sleep the said animal.

I do also certify that the said animal has not bitten any person or animal during the last fifteen days and to the best of my knowledge has not been exposed to rabies.

Date .....

Signature of the owner

### 5. Surgical Risk note.

Name of the Hospital :

I, ..... S/O.....

R/o .....

Hereby declare that the ( Buffalo/Cattle/Goat/Sheep/Dog) presented for treatment belongs to me. All the complications and the risk involved in anesthesia/Surgery have been fully explained to me. I, therefore, willingly record my consent for the operation to be performed on my animal and will not held the doctor/ departmental authorities responsible for any mishap.

Date .....

Signature of owner.....

Address .....

### 6. Wound Certificate.

No.....

Dated .....

This is to certify that at the request of Sri ..... I have this day ..... Examined this animal ..... Having the following identification marks belonging to Sri ..... S/O ..... R/O ..... The said animal has got the following injuries on its body ..... I am of the opinion that .....

Date of Issue.....

Signature.....

Place of Issue.....

Name and designation.....

IVPR Registration number .....

Official Seal

## 7. Certificate for slaughter of animal

This is to certify that I have this day ..... Examined the animal as described below and that I consider the animal to be fit for slaughter.

Name of the owner ..... S/O .....  
 Address.....  
 Animal.....Breed.....  
 Species ..... sex..... Age..... colour  
 ..... Identification mark .....Reason for certifying the animal  
 as fit for slaughter .....

Date of Issue..... Signature.....  
 Place of Issue..... Name and designation.....  
 .....  
 IVPR Registration number .....  
 Official Seal

### RULES FOR POST-MORTEM EXAMINATION

1. A Vetero-legal postmortem examination should only be done by written request from the police or District Magistrate.
2. Before examination, carefully read the police report.
3. The examination should be done in daylight.
4. The post-mortem examination should be thorough and complete.
5. All the details observed by Veterinary Officer should be carefully noted in the postmortem report on the spot of the post-mortem examination.
6. The notes and the report to be sent to the court must tally with each other.
7. A Veterinarian should have a fair knowledge of normal pathological appearance of the viscera.
8. Time and date of arrival of carcass should be noted.
9. There should be no unnecessary delay in holding post-mortem examination.
- 10.No. unauthorized person should be allowed to be present at the time of post-mortem examination.

#### **Chemico-Legal Cases :-**

Preservation of viscera and other articles in case of suspected poisoning and rules for transportation them to the Chemical examiner and Forensic Science Laboratory.

In fatal cases of suspected poisoning the following viscera should ordinarily preserved for chemical analysis in clean, wide mouthed, colorless glass bottles fitted with glass stoppers, which are issued to the Chief Medical Officer/Veterinary Officer from the Chemical Examiner's Office.

1. The stomach and its contents, any suspicious substance.
2. A portion of the liver, not less than 500 gm. or the whole liver.
3. The spleen if very large only a portion thereof.
4. One Kidney.
5. The upper part of the small intestine with its contents.

#### ANNEXURE-I

GENERAL GUIDELINE FOR COLLECTION, PRESERVATION AND TRANSPORTATION OF SAMPLES FOR DIAGNOSTIC PURPOSE				
Diagnostic activity	Type of specimen	Preservative	Type of container	Comments
Histopathology	Tissue from the lesions	10% buffered formaline	Leak proof glass or plastic jar	Tissue less than 1 cm thick, ratio of formalin to tissue is 1:10
Haematology	Whole blood	in anticoagulant Refrigeration	Glass or Plastic vial	Gently rotate vial to mix anticoagulant. Not to keep for long. Transport with ice packing
Serology	Serum	Refrigeration or freezing Marthiolate (1:10,000 dilution) Phenol (5%)	Glass or Plastic vial	To be handled gently so that w hile separating the serum, it is not haemolysed. Transport with ice packing.
Microbiology (Virus, bacteria, fungi, rickettsia etc.)	Organs, tissue, sw abs, exudates, intestinal loops or body fluids, urine, milk	Usually refrigeration or freezing. For virus- 50% phosphate buffer glycerine	Sterile Plastic or glass vials or containers, disposable syringe	Care to be taken to avoid contamination. Appropriate sample varies with different diseases. Transport with ice packing.
Parasitology	Nematodes, trematodes, cestodes	70% alcohol or 5% formaline.	Glass or plastic tubes/ vials	Store at room temperature.
	External parasites	Camphor, naphthlanie or 5% Formaline	Glass or plastic tubes/ vials	Store at room temperature
	Blood parasites	Blood smear fixed in methanol. Blood with anticoagulant	Glass slide Glass or plastic vials	Blood slide at room temperature. Whole Blood in refrigeration
Toxicology	Organs, stomach/ intestinal content, blood, fat	90% ethyl alcohol or saturated salt solution	Clean plastic or glass jar	Materials to be sent to Forensic Science laboratory for detection. Appropriate samples vary with different toxic material

#### ANNEXURE-II

Name of the disease	Material of choice
Anthrax	Blood Smear from the tip of the ear, blood swab for cultural examination
Anaplasmosis	Blood smears
Aflatoxicosis	Suspected feed (500 gm in well packing), Liver piece in 10% formol saline
Bacillary white diarrhea	Dead Chick/ serum samples from adult birds

Black Quarter	Smear from swelling, dry piece of affected muscle in sterile container packed in salt
Bovine lymphangitis	Smear from gland
Brucellosis	Fetal stomach contents in sterile container, swab from uterus, milk in sterile container, serum samples collected 3 weeks after abortion
Babesiosis	Blood smears
Chronic respiratory disease	Trachea in ice, serum
CBPP	Pulmonary lesion in formalin, piece of lung in ice, exudates
Canine distemper	Piece of lungs, liver, trachea, stomach wall, brain in 10% formol saline
Coccidiosis	Feces and scrapings from intestine in 2% pot dichromate solution or in 1% formalin
Epizootic lymphangitis	Pus smear, affected lymphnode in ice
Enterotoxaemia	Loop of intestine (30 cms) in 0.5% chloroform or ice
Fowl cholera	Blood smear, long bone packed in charcoal, blood swab
Fowl typhoid	Liver in formalin
FMD	Vesicular fluid/ curetted epithelium in 50% glycerine phosphate buffer
Haemorrhagic septicaemia	Blood smear, blood swab, smear from adematous fluid
Infectious bursal disease	Serum, Bursa fabricious and kidney in ice for culture and in formol saline for histopathology
Listeriosis	Brain for culture and histopathology
Marek's disease	Serum, Live affected bird, suspected material in 10% formol saline
Ring worm	Skin scrapping in an envelop
Ranikhet Disease	Liver and spleen in 50% glycerin, proventriculus in 10% formol saline
Rinder pest	Intestinal lesion in 10% formal saline, pieces of spleen and lymphnode for culture, impression smear from buccal mucosa
Swine fever	Serum, pieces of spleen, liver and kidney for culture
Tuberculosis	Suspected lesion in 10% formal saline, milk in sterile container, pus from lesion